								Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECOF								AG Last Delle					
Effective October 1, 2003										09/900,754				
	- · — — -	CLAIMS AS	FILED - (Column		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS							RAT		FEE] [RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	EE 3	85.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		*		X\$ 9	=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		*		X43=			OR	X86=			
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L		OR	TOTAL			
	CI	LAIMS AS A	MENDED - PART II								OTHER THAN			
		(Column 1)	(Colum		nn 2)	(Column 3)	7			OR	SMALL			
AMENDMENT N	filed Sliplox	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM! PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	<u>.</u> ⊤⊩	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* 17	Minus	** 2	7	=	X\$ 9	= [OR	X\$18=			
	Independent	* 6	Minus	*** /	2	= 9	X43=	-		OR	X86=			
٩	FIRST PRESE	NTATION OF MU	JLTIPLE DEPENDENT (CLAIM		+145	<u> </u>		OR	+290=			
TOTAL ADDIT. FEE											TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)								CC 		. '	TODA, I LE			
	CLAIMS		HIGH		EST	ST		Α	DDI-			ADDI-		
IDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATI	E TI	ONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=			
AMENDI	Independent	*	Minus	***		-	X43=	-		OR	X86=			
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=			
+145= TOTAL										ÖB.	TOTAL	•		
								EE L		1 - ' '	ADDIT. FEE			
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									DDI-			ADDI-		
NT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	<u> Ε</u> ΤΙ	ONAL FEE		RATE	TIONAL		
AMENDMENT C	Total	*	Minus	**		=	X\$ 9			OR	X\$18=	,		
	Independent	*	Minus	###		=	X43=			OR	X86=			
<u> </u>	FIRST PRESE	JLTIPLE DEF	PENDEN	T CLAIM		+145	_		OR	+290=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	· · · · · ·		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in columns.											ADDIT. FEE	L		
	The "Highest Nun	nber Previously Pai	id For" (Total o	r Independ	ent) is the	e highest number	r found in the	approp	priate box	k in go	iumn 1.			